



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY**

**Institute For Women's Health** uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of **Institute For Women's Health**.

### **How Institute For Women's Health May Use or Disclose Your Health Information**

For Treatment. **Institute For Women's Health** may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. **Institute For Women's Health** may use your health information when referring you to other health care professionals and facilities.

For Payment. **Institute For Women's Health** may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you, your insurance policy holder, or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. **Institute For Women's Health** may use your information to contact you about account balances. **Institute For Women's Health** may use your information to access financial assistance programs for you that may help to defray the costs associated with your care or treatment.

For Health Care Operations. **Institute For Women's Health** may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by Law. **Institute For Women's Health** may use and disclose information about you as required by law. For example, **Institute For Women's Health** may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Appointment Reminders and Treatment Calls. **Institute For Women's Health** may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

Notification. **Institute For Women's Health** may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family. **Institute For Women's Health's** health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Miscellaneous Communications. **Institute For Women's Health** may occasionally use your information to send you greeting cards, notices or other written communications. We may also use your information to identify candidates for focus groups to improve the quality of service for our patients.

Business Associates. In some cases, **Institute For Women's Health** contracts with business associates to provide services on its behalf. An example includes arrangements with business associates & **Institute For Women's Health** to provide collection or research services. **Institute For Women's Health** may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, **Institute For Women's Health** requires the business associate to safeguard your information.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for organ or tissue donation purposes.

Research. **Institute For Women's Health** may use your health information for drug or research studies when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. **Institute For Women's Health** may use information to identify qualified candidates for research. **Institute For Women's Health** may use information to make contact with you to determine your interest in the research study/clinical trials.

Physician Board Certification. **Institute For Women's Health** may use your health information to submit to the Professional Certification Board for purposes required for physicians' qualification to complete their specialty board examination.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Food and Drug Administration (FDA) **Institute For Women's Health** may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent **Institute For Women's Health** has taken action in reliance on such.

### **Your Health Information Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, **Institute For Women's Health** is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of privacy practices upon request;
- Inspect and obtain a copy of your health record;
- Request that your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information.

### **Complaints**

You may complain to **Institute For Women's Health** and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### **Obligations of Institute For Women's Health**

**Institute For Women's Health** is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

**Institute For Women's Health** reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon your request at your next visit to our practice.

### **Contact Information**

If you have any questions or complaints, please contact:

**Phillip M. Stephens , Chief Privacy Officer    1210 Arion Blvd.    San Antonio, Texas 78216    Telephone (210) 349-9300**

**Effective: April 14, 2003**

I acknowledge that I have received the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Legal Representative

\_\_\_\_\_  
Relationship to Patient